

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | D.B. | 20200 | 11-24-99 |
| O.I.P.E. CLASSIFIER | | 20 | 12/1/99 |
| FORMALITY REVIEW | | 65455 | 12/1/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| 147 | | | |
| 148 | | | |
| 149 | | | |
| 150 | | | |

If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy